



Application No. (if known): 10/600,745

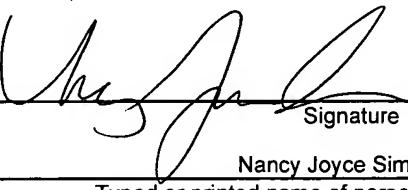
Attorney Docket No.: 01142/100E489-US3

Certificate of Express Mailing Under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. **EV 447565417 US** in an envelope addressed to:

MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

on September 1, 2006
Date



Signature

Nancy Joyce Simmons
Typed or printed name of person signing Certificate

Registration Number, if applicable

212-527-7700

Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Fee Transmittal (1 page)
Petition for Extension of Time (1 page)
Amendment Transmittal (1 page)
Amendment in Response to Non-Final Office Action (5 pages)
Information Disclosure Statement (6 pages)
Information Disclosure Statement PTO SB/08 (1 pages)
Return Receipt Postcard and
Check No. 12478 in the amount of \$240.00.

**AMENDMENT TRANSMITTAL LETTER**Docket No.
01142/100E489-US3Application No.
10/600,745-Conf. #9743Filing Date
June 19, 2003Examiner
E. OlsonArt Unit
1623

Applicant(s): Steven Baranowitz

Invention: Methods for transdifferentiation of body tissues

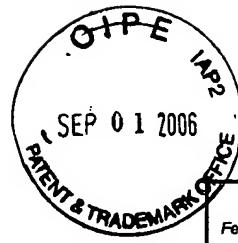
TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	2	- 20 =	0	x 25.00	0.00
Independent Claims	1	- 3 =	0	x 100.00	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within first month Information Disclosure Statement					240.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					240.00

 Large Entity Small Entity No additional fee is required for this amendment. Please charge Deposit Account No. 04-0100 in the amount of \$.
A duplicate copy of this sheet is enclosed. A check in the amount of \$ 240.00 to cover the filing fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge and credit Deposit Account No. 04-0100
as described below. A duplicate copy of this sheet is enclosed. Credit any overpayment. Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.Dated: September 1, 2006Howard M. Frankfort
Attorney/Agent Reg. No.: 32,613DARBY & DARBY P.C.
P.O. Box 5257
New York, New York 10150-5257
(212) 527-7736



Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT	(\$)	240.00
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TOTAL AMOUNT OF PAYMENT	(\$)	240.00	Attorney Docket No.	01142/100E489-US3
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Complete if Known

Application Number	10/600,745-Conf. #9743
Filing Date	June 19, 2003
First Named Inventor	Steven Baranowitz
Examiner Name	E. Olson
Art Unit	1623
Attorney Docket No.	01142/100E489-US3

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____
 Deposit Account Deposit Account Number: 04-0100 Deposit Account Name: Darby & Darby P.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEESFee Description

Each claim over 20 (including Reissues)

<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>
50	25
200	100
360	180

Each independent claim over 3 (including Reissues)

Multiple dependent claims

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>
2 - 20 = 0	x 25.00	= 0.00		<u>Fee (\$)</u> <u>Fee Paid (\$)</u>

HP = highest number of total claims paid for, if greater than 20.

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
1 - 3 = 0	x 100.00	= 0.00	

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
	- 100 =	/50 (round up to a whole number) x	=	<u>Fees Paid (\$)</u>

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 2251 Extension for response within first month
Information Disclosure Statement

60.00

180.00

SUBMITTED BY

Signature	Howard M. Frankfort	Registration No. (Attorney/Agent)	32,613	Telephone	(212) 527-7736
Name (Print/Type)	Howard M. Frankfort		Date	September 1, 2006	